

*KBN*Nursing CONNECTION

Fall **2007** Edition 13



Kentucky Board of Nursing Officers: Jimmy Isenberg, RN, President; Gail Wise, RN, Secretary; Sally Baxter, RN, Vice President; and Sue Davis, RN, Financial Officer.

Official Publication of the Kentucky Board of Nursing



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They passed the hat, bought some presents, and decorated 5 North with balloons and streamers.

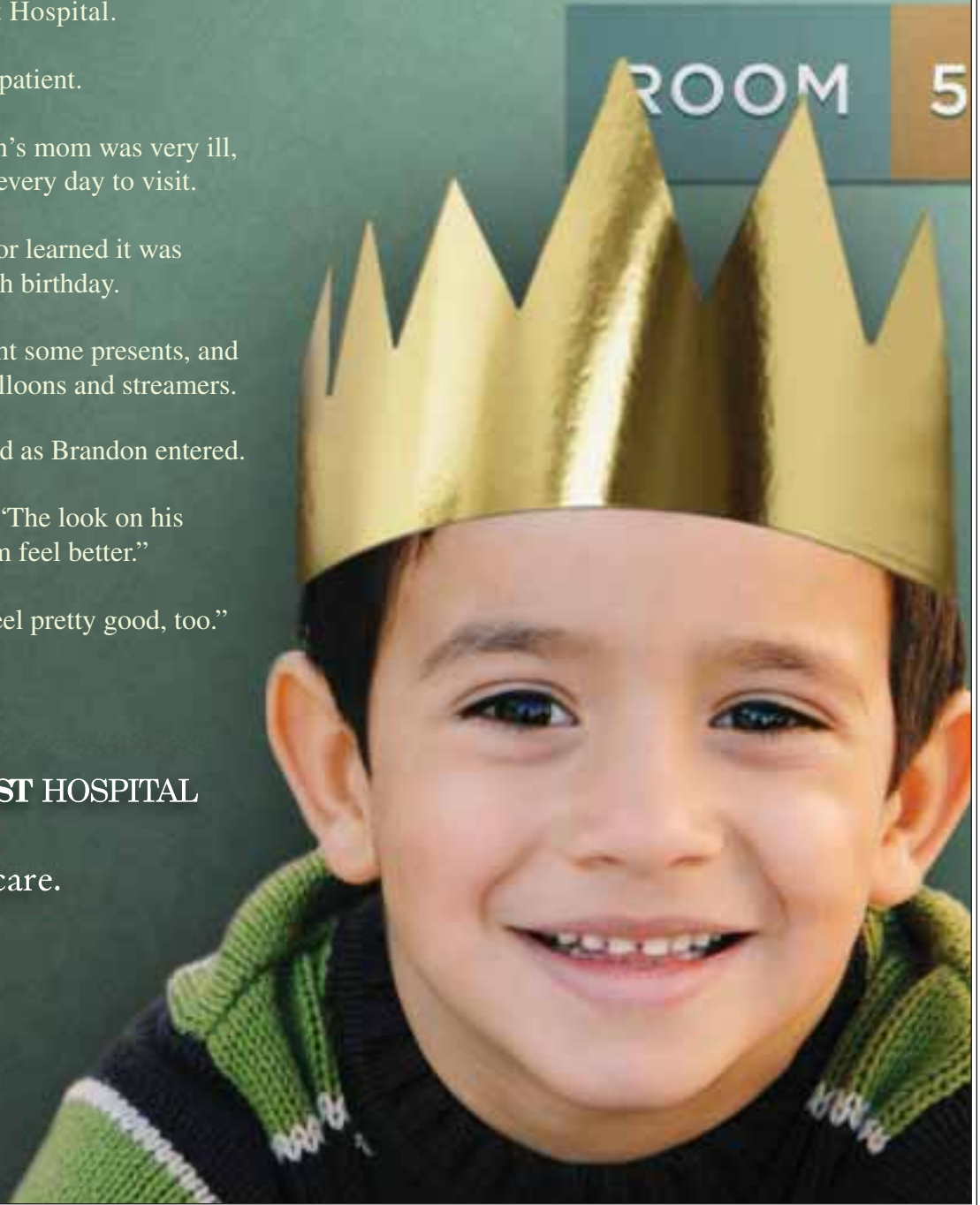
“Surprise!” they yelled as Brandon entered.

One nurse said later, “The look on his face made his mom feel better.”

She added: “It made us feel pretty good, too.”

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KBNursing CONNECTION

Fall 2007, Edition 13

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KBN MISSION

It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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Contents

Fall 2007 Edition 13

- 5 President's Message
- 7 Executive Director's Message
- 9 Patient Safety Issues
- 11 Consumer Protection Corner

Statistics Corner

As of September 20, 2007, KBN records show:

RN Active	52,114
LPN Active	14,490
RN Retired	665
LPN Retired	440
Advanced Registered Nurse Practitioners	3,292
Sexual Assault Nurse Examiners	202
Dialysis Technicians Active	527
Dialysis Technicians Inactive	305



KBN Connection circulation includes over **70,000** licensed nurses and nursing students **in Kentucky**.

- 15 Consultant Opening
- 16 Highlights of Board Actions
- 18 Nurse Licensure Compact
- 20 TERCAP

- 22 Continuing Competency Requirements
- 24 Disciplinary Actions
- 27 Guiding Principles for Nursing Regulation





PRESIDENT'S MESSAGE

It is my great pride and pleasure to report that our very own Peggy Fishburn, LPN, Board member, received the Exceptional Contribution Award from the National Council of State Boards of Nursing, Inc. (NCSBN). The NCSBN is the umbrella organization for all state boards of nursing in the United States. This award is

given for significant contribution by a state board of nursing board member who is not the current board president. Ms. Fishburn has served on the Kentucky Board of Nursing for 20 years, covering five separate gubernatorial appointments. Ms. Fishburn first began her service on the Board in 1978. During 2006-2007, she served as vice president of the Board and chaired its Governance Committee and the Dialysis Technician Advisory Committee. Ms. Fishburn is also active in her professional association, having 41 consecutive years of membership. She has also served as president of both the Kentucky State Association of Licensed Practical Nurses and the National Federation of Licensed Practical Nurses. Ms. Fishburn, a native of Allen County, is a long time employee of Dr. John Hall of Scottsville. Congratulations, Peggy!



It is now with great sorrow I report the passing of Ms. Mabel Ballinger on Saturday, July 28. A champion of Kentucky nurses, she was currently serving her third consecutive term as the consumer member of the KBN. Ms. Ballinger was formerly employed as a community resource director with Senior Services of



Northern Kentucky, and as a medical records analyst for St. Elizabeth Medical Center. In addition to her service to KBN, she served on the Board of Directors of the Kentucky Senior Games and the Dan Beard Council Boy Scouts of America. She also lent her time to organizations, including the Kentucky Democratic Women's Club, the Northern Kentucky Board of Health, the Yearlings, the Altrusa Club of Northern Kentucky, and the Fraternal Order of Police. She was recently awarded the Lifetime Achievement Award from the Kenton County Democratic Club in 2006 and a Lifetime Achievement

Award for the Altrusa Club in 2007. With her passing, the Kentucky Board of Nursing lost a true advocate to its mission of protecting the public. Ms. Ballinger will be greatly missed by her Board colleagues and by the many Kentuckians whose lives she touched through her devoted activities.

Jimmy T. Isenberg, Ph.D., RN

RESOLUTION

WHEREAS, Mabel Ballinger served as a public member of the Kentucky Board of Nursing for eleven years, having been first appointed in 1996 and reappointed for two more terms by then Governor Paul Patton; and

WHEREAS, Mabel Ballinger believed strongly in the Board's mission of public protection and her role as the public's voice on the Board; and

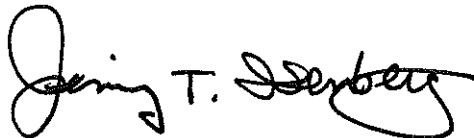
WHEREAS, Mabel Ballinger was also a committed advocate for nurses and nursing across the Commonwealth of Kentucky; and

WHEREAS, Mabel Ballinger was an outstanding role model for other board members and staff of the Kentucky Board of Nursing and was beloved by all;

NOW THEREFORE,

Be it resolved that the Kentucky Board of Nursing hereby honors the memory of Mabel Ballinger.

This 29th day of August, 2007.



JIMMY ISENBERG, RN, PH.D.

PRESIDENT, KENTUCKY BOARD OF NURSING



EXECUTIVE DIRECTOR'S MESSAGE

There was something quite different about the August 28, 2007, KBN meeting—it was held at Kentucky Dam Village in Gilbertsville, Kentucky. This year, KBN combined its annual retreat with a regularly scheduled Board meeting. The reason for this change was to provide Board meeting access to those who might not easily get to Louisville where meetings are typically held.

Taking the meeting offsite was a definite success!

In addition to those individuals having business before the Board, approximately 120 nursing students and faculty from West Kentucky Community and Technical College, Paducah, and Hopkinsville Community College, Hopkinsville, were in attendance. Board President Jimmy Isenberg began the meeting with an orientation to KBN, its mission, goals, and membership. Additionally, he maintained a dialogue with the students throughout the day—explaining agenda items and the Board's process as the meeting progressed. Each group of students ended their observation experience by sharing their impressions and engaging in a question and answer session with Board members. At the conclusion of the day, both students and Board members seemed pleased. Student comments ranged from questions about actions taken during the day to comments such as, "I didn't realize the Board did so many different activities or that Board members worked so hard"; "Most of us [the students] have never attended a board meeting of any kind. This marks a new experience for us all..."; or "I was surprised to learn how many nurses are in the KARE program." Board members, in turn, told students that one day they should consider becoming a KBN member.

updates to support increased workloads.

The group reviewed and used the recently adopted National Council of State Boards of Nursing's (NCSBN) Strategic Plan and the NCSBN Guiding Principles of Nursing Regulation (see page 27) as underpinning for discussions of potential objectives for a new strategic plan. At the conclusion of the three day Board meeting and retreat, President Isenberg thanked all for their commitment to KBN and noted the great potential members and staff represent for a positive and productive year to come.



KCTCS students share their thoughts and questions with Board members.

The Annual KBN Retreat took place on August 29-30. Using as a framework our mission to "...protect public health and welfare by development and enforcement of state laws governing safe practice of nursing," Board members and staff undertook an assessment of the previous two-year Strategic Plan and objectives. Accomplishments included implementation of the Nurse Licensure Compact and enhancements to the online renewal system, etc. as well as a number of technical

updates to support increased workloads.

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Students and other attendees at August KBN meeting at Kentucky Dam Village.



KBN Board members and staff consider Core Values during strategic planning session.



The LPN Graduating Class of 2007 – West Kentucky Community and Technical College, Murray Campus – posed for a class picture with the KBN President and Executive Director following the August Board meeting.

Charlotte F. Beason, Ed.D., RN

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Nurses on Guard - Error Prevention and Management – Reducing Medication Errors Through Medication Reconciliation

Article reprinted from Texas Board of Nursing Bulletin (October 2006, Volume 37, No 4), with permission by the Texas Board of Nurse Examiners.

A 58-year-old male is transferred mid-morning from the Intensive Care Unit (ICU) to the trauma floor five days following admission for multiple leg and pelvic fractures sustained in an auto-pedestrian accident. The patient is now awake but remains confused. He is receiving tube feedings and medications per enteral (Dobhoff) tube placed nasally into the small intestine. The ICU nurse re-writes all physician orders prior to transfer to the Trauma floor per facility policy. These orders are noted as being “verbal” though no actual review of the nurse’s written orders is done by the physician at the time of transfer. The transfer medication orders as transcribed include **Toprol-XL 200mg PO/PT Twice Daily**. There are no blood pressure (BP) parameter orders. The following afternoon, the patient has a grand mal seizure and is transferred back to the ICU for monitoring. The ICU RN notes that the patient’s BP has dropped from his normal of 150s/70s to 76/44. No admission history was ever completed by nursing as the patient was unable to provide information, and he has no family. The nurse ultimately discovers that the original physician’s order was for *Topamax* (an anti-convulsant agent) 200mg PO/PT twice daily, not *Toprol-XL* (an anti-hypertensive agent). The patient’s past records, obtained from old charts at the same facility, showed a history of seizures, but no history of hypertension. Drug reference book information on Toprol-XL indicates this extended release medication is typically given on a once-daily basis with doses starting at 50mg daily. In addition, because of the extended-release coating on the tablet, it is a “do-not-crush” medication. The patient had received two doses of Toprol “per tube” prior to the seizure, which meant the medication had to be crushed and dissolved in liquid for administration.

Fortunately, the patient did recover from his injuries, the accidental dosing of a high blood pressure medication (Toprol-XL), and the subtherapeutic Topamax levels resulting in a seizure—but how could this incident have been avoided?

According to the Institute for Healthcare Improvement (IHI), poor communication of current medication orders between care givers, including home medications, accounts for at least 50 percent of the medication errors and up to 20 percent of adverse drug events (ADEs). In addition to the IHI, organizations such as the Institute of Safe Medication Practices (ISMP), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the Agency for Healthcare Research and Quality (AHRQ) support having processes for medication reconciliation, all of which involve nurses at the core of the process.

Nurses are typically involved in both the transfer and admission processes of patients between different units and to/from



outside facilities. Given the alarming percentage of medication errors that occur during this exchange of patients, the need for nurses to be on guard to protect the patient’s safety is clear. Medication Reconciliation is defined by IHI as: “A formal process of obtaining a complete and accurate list of each patient’s current home medications—including name, dosage, frequency, and route—and comparing the physician’s admission, transfer, and/or discharge orders to that list. Discrepancies are brought to the attention of the prescriber and, if appropriate, changes are made to the orders. Any resulting changes in orders are documented.” This three-step process involves: 1) Verification [documenting of medication history on admission]; 2) Clarification [ensuring that the medications and doses are appropriate]; and 3) Reconciliation [documentation of changes in the orders].

Imagine that the following list of reasons is multiple choice, and choose the reasons you believe lack of a sound system for medication reconciliation could be contributing to medication errors in your own practice setting:

- A. The patient can’t tell you (too ill, unconscious) or doesn’t know what meds he/she takes (“I take a white pill for my blood pressure and a water pill”);
- B. The facility forms are not conducive to collecting complete home medication information on admission, including over-the-counter (OTC) medications and herbal or homeopathic remedies taken by the patient;
- C. There is no standardized process of double checks or alternative methods to assure accurate written communication of current and home medication regimens for patients;
- D. The facility has no policy or procedure that clearly establishes who is on the medication reconciliation team and what role each team member is to play in the process (nurse, pharmacist, physician) at all transition points.
- E. The patient’s needs change as they transition to different levels of care, and caregivers do not routinely check for appropriateness of restarting home medications, or for interactions between previous home medicines and newly-prescribed medications.

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The answer in some cases could be "all of the above," but having every nurse on guard when these situations occur is already reducing errors in facilities that have developed sound medication reconciliation procedures at every patient transition point. For information on getting started with a medication reconciliation process, the Institute for Healthcare Improvement has a free 34-page extensive "How To" Guide that can be downloaded from www.ihl.org. This document further contains multiple links that offer extensive information on resources, forms, and processes to implement a medication reconciliation system that works, regardless of the practice setting. Web pages with additional information on implementing patient safety initiatives relating to medication reconciliation include:

- IHI/Saving 100,000 Lives Campaign: www.ihl.org/IHI/Programs/Campaign/
- FDA Patient Safety (adverse event reporting): www.fda.gov/medwatch/index.html
- Six Quality Goals: www.aha.org/aha/content/2004/pdf/QualityInsertJuly2004.pdf
- JCAHO/National Patient Safety Goals (updates to several practice settings on 9/25/06): www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals
- JCAHO/Sentinel Event Alert: Using Medication Reconciliation to Prevent Errors: www.jointcommission.org/SentinelEventsSentinelEventAlert/sea_35.htm
- Flow Chart: www.jointcommission.org/NR/rdonlyres/BDCFE6D0-C0AE-4412-A7A2-7ACBD1E9F0B3/0/06_npsg_faq8_flowchart.pdf
- ISMP/Building a Case for Medication Reconciliation: www.ismp.org/Newsletters/acutecare/articles/20050421.asp
- AHRQ/Moving Pains-Case & Commentary(7/06): webmm.ahrq.gov/case.aspx?caseID=128
- FDA Healthcare Provider Letter (9/05) Topamax vs. Toprol-XL: www.fda.gov/medwatch/safety/2005/DearHealthcareProfTopamax.pdf

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Disciplinary Case Review by Ann Tino, RN, BSN, Certified Nurse Investigator, Consumer Protection Branch

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of these two nurses will not be revealed and will be referred to as Nurse F and Nurse G.

Nurse F has been licensed with KBN since 1983 as a RN. She worked in the emergency room of a local hospital. Nurse F was reported to KBN for practicing outside her scope of practice as a RN by administering an intramuscular antibiotic injection to a peer without a physician's order. Nurse F admitted to her actions, and indicated she gave the injection under the assumption the physician had authorized it. She was terminated from her position.

Nurse G has been licensed with KBN since 1990 as a RN. She too worked in an emergency room of another local hospital. She was reported to KBN for administering a tetanus injection to a peer without a physician's order. The injection was ordered for a patient, but the patient refused it. Nurse G documented the refusal, notified the physician, and the patient was charged for the medication. She was also terminated from her position.

From an Investigator's standpoint, these cases exhibited a clear violation of the Kentucky Nursing Laws. Both of these

nurses acted outside of their scope of practice. In Nurse F's case, she assumed the physician authorized the injection. If that had been the case, her peer should have been registered as a patient in the emergency room and a true chart with actual physician orders would have existed. Her "assumption" was expensive resulting in her termination and a Reprimand from KBN due to her inappropriate nursing actions. Nurse F was also licensed in another state and that state subsequently took action on her license based on KBN's action. You know the saying... never assume anything.

Nurse G did not want the medication to "be wasted" so she administered it to her peer, yet allowed the patient to be charged for it. In the end, she was the one who paid. She was also issued a Reprimand for her inappropriate nursing actions. Both nurses were required to pay civil penalties of \$500 and were ordered to take additional contact hours regarding legal/ethical issues in nursing. By the way, the patient was credited for the medication.

Fortunately for these nurses, 201 KAR 20:410 will eventually allow for the Expungement of the Reprimand from their record. Upon a written request from the nurse, an

continued on Page 12



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Expungement would be considered if all the following are met: a period of 10 years has passed, there has been no subsequent disciplinary action, and all terms of their agreed order have been fulfilled. The Expungement means that the nurse's record would be sealed and that the proceedings to which they refer shall be deemed never to have occurred. While this may not be any consolation for Nurse F and Nurse G, it is good information for all licensed persons to be aware of.

As I have said before, you worked hard for your license, and you have to work even harder to protect it. Be aware of the nursing laws that govern your practice. Be proactive in protecting your license. For a copy of the Kentucky Nursing Laws, you can go online to <http://kbn.ky.gov>, or stop by the KBN office and purchase a hard copy for \$2. For practice related issues, contact our Nursing Practice Consultant at 502-429-3307 or toll-free at 1-800-305-2042, ext 231.

Standards for Approved Evaluators

by **Sandy Johanson**, *Manager, Consumer Protection Branch*

Pursuant to KRS 314.085, if KBN has reasonable cause to believe that any licensee; applicant for licensure by examination, endorsement, reinstatement, or change of status; or holder of a temporary work permit is unable to practice with

reasonable skill and safety or has abused alcohol or drugs, it may require the person to submit to a mental health and/or chemical dependency or physical evaluation by a licensed or certified practitioner designated by KBN.

The individual will receive the Board Order by certified mail and will be granted 30 days to have the evaluation performed. Prior to performing the evaluation, the evaluator must contact the KBN office to discuss the basis for the Order. Upon failure of the person to submit to a mental health, chemical dependency, or physical evaluation, unless due to circumstances beyond the person's control, KBN may initiate an action for immediate temporary suspension pursuant to KRS 314.089 or deny the application until the person submits to the required evaluation.

201 KAR 20:163, Standards for Approved Evaluators, was approved by KBN and became effective May 4, 2007. This regulation establishes the standards that evaluators must meet to be approved by KBN to conduct its required mental health and/or chemical dependency evaluations. The evaluator shall have documented training and experience in the specialty of chemical dependency or mental health and must be licensed or certified as one of the following: psychiatrist, physician addictionologist, psychologist, advanced registered nurse practitioner, certified alcohol and drug counselor, cer-

continued on Page 15

NURSE DISCIPLINARY DEFENSE

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tified chemical dependency evaluator, social worker, employee assistant program specialist, or marriage and family therapist. An evaluator whose license or certification is not listed may request approval and be accepted if the evaluator can show evidence that his license or certification includes training in chemical dependency or mental health. An evaluation is to include the following components: social history, status of chemical dependency (if it is a chemical dependency evaluation), psychological status, results of any testing performed, evaluation and effectiveness of any prior treatment, recommendations regarding the need for any further treatment or further evaluations, assessment of the nurses ability to function safely, any parameters under which the nurse can practice nursing, if applicable, recommendations for any work restrictions or monitoring reports and any other relevant information.

Staff is in the process of receiving applications from providers and will be working on establishing the approved provider list. It is anticipated that the list of KBN approved providers will be available to nurses and to the public on the Web site by January 2008. Questions should be directed to Sandy Johanson at 502-429-3308 or Paula Schenk at 502-429-3328.



Kentucky Board of Nursing Louisville, KY **Consultant Opening**

The Kentucky Board of Nursing has an opening for a **Nurse Practice and Research Consultant**

Performs professional work in areas related to nursing and assistive personnel regulation, practice and/or workforce development; OR, provides consultative services on a statewide basis for nursing and assistive personnel regulation and/or for the Dialysis Technician (DT) and Advanced Registered Nurse Practitioner (ARNP) programs; and performs other duties as required.

Requirements:

Master's Degree in Nursing required with Doctoral education given additional weight consideration. Experience in research and evidence based evaluation required; public speaking and writing experience preferred; minimum of five years of experience in either teaching or administration of schools of nursing, nursing practice and/or nursing supervision, nursing administration or continuing education programs.

Duties Include:

- Serves as consultant on practice/education related regulatory matters
- Researches, evaluates, and is a consultant to the Executive Director and staff members on evaluation of Board initiatives and staff directed activities
- Designs and implements ongoing research and evaluation of above activities
- Researches, evaluates, and recommends statutes, administrative regulations, and guidelines for safe nursing practice
- Serves as a resource to the agency and the public on the application of the Kentucky Nursing Laws
- Serves as staff to Board councils, committees, and workgroups
- Utilizes evidence based information to provide consultation to the agency and public
- Researches and responds to nursing practice inquiries
- Serves as Board representative to various organizations and entities
- Engages in public speaking as a representative of the Board
- Prepares written material for publication
- Coordinates projects as assigned

Contact Information: DeOndrea Bowdre

Kentucky Board of Nursing
312 Whittington Pky, Ste 300,
Louisville, KY 40222

ph: 502-429-3300, x 224 email: DeOndrea.Bowdre@ky.gov

AMERICAN CANCER SOCIETY OFFERS SCHOLARSHIPS TO MASTER'S STUDENTS



The American Cancer Society is pleased to invite applications from master's students for support of graduate study. This scholarship provides support for study in a master's degree program with demonstrated integration of cancer nursing content. Awards are made for up to two years in the annual amount of \$10,000. The application deadline is February 1, 2008. Application materials are available for downloading at <http://www.cancer.org/research>.

HIGHLIGHTS OF BOARD ACTIONS

Executive Director Report

Approved the emergency regulation, 201 KAR 20:070E, and the ordinary regulation, 201 KAR 20:070, to be ratified.

Task Force on KBN/Healthcare System Collaboration

- Directed that after investigation, if the facts reveal that the complaint could be the result in some part of a facility systems or process issue, the case will be presented to the Credentials Review Panel for direction.
- Directed that staff file the complaint away that resolves the case, or issue a letter of concern to the nurse, and/or issue a letter of concern to the facility, and/or give direction for disciplinary action.
- Directed a letter of concern be sent to the Chief Nursing Officer along with the Chief Executive Officer of the facility that will detail the issue of concern on behalf of KBN. The letter will be maintained in the nurse's investigative file. The facility will be requested to file a response to KBN that will be placed in the investigative file.
- Directed that staff not track the letters of concern that were sent to the facility. However, once a complaint is resolved and the case is closed, all information is subject to the Kentucky Open Records Act. Information would only be divulged upon a formal written request to the KBN Open Records Officer.

Proposed Curriculum for Medication Administration Training for Non-Licensed Personnel

Approved the curriculum and its use in a pilot program with the PRFTs. Require that there is a report back to KBN with an assessment of the implementation of the curriculum and pilot by December 31, 2007. Require any substantive changes be submitted for KBN approval prior to implementation.

Education Committee

Western Kentucky University – Glasgow Extension, Baccalaureate Degree Nursing Program:

- Accepted the application and, subsequently, approved the proposal to establish a baccalaureate prelicensure program of nursing extension site in Glasgow, Kentucky.
- Directed that the proposed program be granted developmental approval status, following review and acceptance of the evaluation plan and a satisfactory site visit for first class admission in January 2008.
- Directed that one month prior to the admission of the first class (December 2007), the program shall notify KBN and submit the information as noted above.
- Directed that the program submit a progress report at the conclusion of the first semester/term documenting the implementation of the program as compared to the proposal and any revisions.
- Directed that the program not admit a second cohort of students until a thorough evaluation of available clinical sites for the surrounding area is assessed.

Beckfield College, Florence, Associate Degree Nursing Program:

- Accepted the initial response to the site visit report of March 5 and 6, 2007.
- Directed that the program examine and modify the program outcomes to reflect professional nursing practices.
- Directed that the final report detailing resolution of recommendations be submitted by October 20, 2007.
- Directed that the program confer with the Education Consultant to establish a date in November for a follow-up visit.

Galen College, Louisville, Associate Degree Nursing Program:

- Accepted the response to the December 7 and 8, 2006, site visit report.
- Directed that the program provide a detailed list of nursing/health related journals that can be accessed either from the available databases or as hard copies.



- Directed that the program provide a narrative as to the reporting structure of the program of nursing as detailed in the organization chart dated February 2007.
- Directed that the program identify the role of the librarian as a resource to students/faculty.

Kentucky State University, Frankfort, Associate Degree Nursing Program:

- Approved the proposed curriculum change.
- Directed that by October 9, 2007, the program provide an updated copy of the program evaluation plan to include how the curriculum change will be evaluated with respect to student achievement of program outcomes

Owensboro Community & Technical College, Owensboro, Associate Degree and Practical Nursing Programs:

- Accepted the March 21 to 23, 2007 Survey Visit Report.
- Accepted the requirements to be met as stated in the report.
- Directed that the programs submit a response by July 27, 2007 to include a timeline for the correction of each "requirement to be met" identified in the report.
- Directed that the programs validate active status of the nursing license of each employed faculty member and clinical instructor no later than one week following receipt of this notification and respond in writing to KBN as to outcomes. All remaining requirements must be met by November 15, 2007 with a report as to the final resolution of each identified requirement.
- Directed that should the programs' response to this site visit report not provide satisfactory response to all requirements, the program administrator and the college president shall appear before the Board to provide justification as to non-adherence to requirements. At that time, KBN may consider application of the provisions of 201 KAR 20:280, Section 2(2)(d)3, which may include limiting or denying future admissions for a specified period of time to assist the program to meet standards.
- Directed that KBN conduct a follow-up visit to the programs to evaluate adherence to Kentucky regulations 201 KAR 20:250-360 following receipt of the final report.
- Directed that the status of the programs be changed from Full to Conditional until such time that the programs adhere to all Kentucky state regulations as specified by KBN.

Western Kentucky University, Bowling Green, Associate Degree Nursing Program:

- Accepted the April 12-13, 2007, Survey Visit Report.
- Approved the requirements to be met as stated in the report.
- Directed that the program submit a response by July 27, 2007, to include

a timeline for the correction of each "requirement to be met" identified in the report.

- Directed that the program validate active status of the nursing license of all employed faculty members and clinical instructors no later than one week following receipt of this notification and respond in writing to the Board as to outcomes. All remaining requirements must be met by November 16, 2007, with a final report as to the final resolution of each identified requirement.
- Directed that should the program's response to this site visit report not provide satisfactory response to all requirements, the program administrator and the college president shall appear before the Board to provide justification as to non-adherence to requirements. At that time, KBN may consider application of the provisions of 201 KAR 20:280, Section 2(2)(d)3, which may include limiting or denying future admissions for a specified period of time to assist the program to meet standards.
- Directed that KBN shall conduct a follow-up visit to the program to evaluate adherence to Kentucky regulations 201 KAR 20:250-360 upon completion of the construction of the new building.
- Directed that the status of the program be changed from Full to Conditional until such time that the program adheres to all Kentucky state regulations to the satisfaction of KBN.

Approved recommendations from the Education Committee updating the regulations pertinent to Education. Approved proposed revisions to:

- 201 KAR 20:260 5 (b)
- 201 KAR 20:290 3(3)(a)
- 201 KAR 20:310 2 (2)(a); (3)(a); 3(3); 5(3)
- 201 KAR 20:320 2 (5)(a); 2(7)(a); 2(7)(c)
- 201 KAR 20:350 2(3)(a)
- 201 KAR 20:360

Practice Committee

Approved the letters of response to the following opinion requests: Scope of RN practice in the placement and removal of a magnet nasal tube retaining device; scope of LPN practice in completing the Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Inpatient Approved Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI)"; application of "Deep Oscillation by Nurses, Utilizing the Hivamat® 200."

Consumer Protection Committee

Approved the proposed revisions to 201 KAR 20:450, Alternative Program.

Directed that the requests for a privilege to practice in Kentucky from nurses licensed in another compact state and participating in another compact state's alternative to discipline program or being monitored on probation be considered on a case by

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case basis and the monitoring fee of \$50 per year be included in 201 KAR 20:450

Credential Review Panel:

Directed that #10 – “Review Information Related to the Nurse Licensure Compact and Disciplinary Issues” be added to the Credential Review Panel Scope, Functions & Membership.

Dialysis Technician Advisory Council

- Approved the proposed amendments to 201 KAR 20:470, Dialysis Technician Credentialing Requirements and Training Program Standards.
- Approved the removal of a Dialysis Technician Advisory Council member who was absent from two meetings without prior notification to KBN staff. KBN will appoint a qualified replacement to complete the remainder of the council term.

Governance Panel:

Approved the changes to IM-1. Directed that CR-2 remain the same.

Approved the changes to CR-3.

Nursing Incentive Scholarship Fund Awards:

Approved funding 30 continuation applicants (\$81,000), new applicants through the 80-point range (\$45,000), and a selected cohort of applicants in the 75 point range (\$147,000). Total funding for 2007-2008 will be \$273,000.

Disciplinary Actions

Approved 16 Proposed Decisions as written and amended 1 Proposed Decision.



Nurse Licensure Compact *by Sue Derouen, RN, Operations Manager*

Kentucky implemented the Nurse Licensure Compact (NLC) on June 1, 2007. For such a large project, the implementation has gone relatively smooth. This article will address some frequently asked questions about nurse licensure validation related to the compact.

Several Kentucky health care facilities have called the KBN office seeking assistance on validation of nurse licensure with other compact states. The KBN website has a link to other compact state boards of nursing validation services. For a fee, the National Council of State Boards of Nursing (NCSBN) databank, www.nursys.com, is also available for licensure validation (the KBN website has a link to the Nursys validation system).

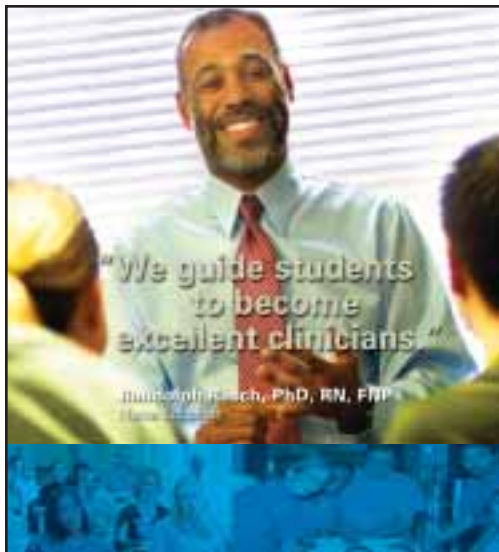
An employer using the KBN website to validate licensure with another compact state should perform the validation as follows: Click on the **Nurse Licensure Compact Plan for**

Kentucky on the KBN home page. The **Nurse Licensure Compact Plan for Kentucky** web page has a link to **Contacts for Nurse Licensure Compact States**. All of the state boards of nursing that belong to the compact may be accessed using this link. Licensure validation for the compact license may be done by accessing the appropriate board of nursing website. Also listed on the **KBN Nurse Licensure Compact Plan for Kentucky** web page is a link to the **Discipline on Privilege to Practice** page. An employer validating licensure with another compact state should make sure the Kentucky Board of Nursing has not placed discipline on the privilege to practice in Kentucky with the compact license.

With the implementation of the Nurse Licensure Compact (NLC), KBN can take disciplinary action on a nurse's "**privilege to practice**" in Kentucky (which means the nurse holds an active RN or LPN license in

a compact state, and KBN has taken disciplinary action on that nurse's privilege to practice in Kentucky). KBN will contact the nurse's home state (compact state of licensure) and notify them of the disciplinary action taken on a nurse's "privilege to practice." A nurse's "privilege to practice" in Kentucky is disciplined the same as if the nurse held licensure in Kentucky. All disciplinary actions are public record and will be reported on the KBN website, in the *KBN Connection*, and reported to Nursys (NCSBN disciplinary databank system).

The **Nurse Licensure Compact Plan for Kentucky** web page has a questions and comments section the public can use to contact KBN. The NLC Brochure is also available for downloading from this website. The NLC affords the nurse greater mobility and the healthcare industry greater access to a mobile workforce, while still ensuring protection of the public.



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E-LEARNING FOR THE NURSING COMMUNITY

[Taxonomy of Error, Root Cause Analysis Practice—Responsibility]

by **Dana Scruse**, Administrative Specialist, and **Patricia Smith**, Nurse Investigator, Consumer Protection Branch

KBN's Consumer Protection Branch, Investigation and Discipline Section, is a participating Member Board of the National Council of State Boards of Nursing (NCSBN) TERCAP project. The TERCAP project was implemented in 1999 by NCSBN's Board of Directors, who appointed a task force to develop new knowledge about the causes of nursing practice breakdown.

In 2004, the following recommendation was made in the Third Institute of Medicine (IOM) Report on patient safety entitled, *Keeping Patients Safe, Transforming the Work Environments of Nurses* (2004):

Recommendation 7.2: The National Council of State Boards of Nursing (NCSBN), in consultation with patient safety experts and health care leaders, should undertake an initiative to design uniform processes across states for better distinguishing human errors from willful negligence and intentional misconduct, along with guidelines for their applicability by state boards of nursing and other state regulatory bodies (IOM, 2004, p. 15).

TERCAP was designed as an intake instrument for capturing data from nursing boards' discipline cases. It creates an opportunity for consistent data collection and future analysis of compiled data by NCSBN and Member Boards. The NCSBN Research Department will have access to the data submitted by participating Member Boards for the purpose of research through data analysis. Only Member Boards participating in TERCAP will have access to the TERCAP reports, cases, and data until such time as there are a sufficient number of cases to prepare formal reports that will be published.

The goal of the TERCAP instrument is to get to the root cause of practice breakdown. Member Boards will identify practice breakdown through TERCAP in the following categories:

Safe Medication Administration

- The nurse administers the right dose of the right medicine via the right route to the right patient at the right time for the right reason.

Documentation

- The nurse ensures complete, accurate, and timely documentation.

Attentiveness/Surveillance

- The nurse monitors what is happening with the patient and staff.
- The nurse observes the patient's clinical condition; if the nurse has not observed the patient, then she/he cannot identify changes if they occurred



and/or make knowledgeable discernments and decisions about the patient.

Clinical Reasoning

- The nurse interprets patient signs, symptoms, and responses to therapies. The nurse evaluates the relevance of changes in patient signs and symptoms and ensures that patient care providers are notified and that patient care is adjusted appropriately.
- The nurse titrates drugs and other therapies according to their assessment of patient responses (e.g. assesses patient's pain and adjusts pain medications).

Prevention

- The nurse follows usual and customary measures to prevent risks, hazards, or complications due to illness or hospitalization. These include fall precautions, preventing hazards of immobility, contractions, stasis pneumonia, etc.

Intervention

- The nurse properly executes healthcare procedures aimed at specific therapeutic goals.
- Interventions are implemented in a timely manner.
- The nurse performs the right intervention on the right patient.

Interpretation of Authorized Provider's Orders

- The nurse interprets authorized providers orders.

Professional Responsibility/Patient Advocacy

- The nurse demonstrates professional responsibility and understands the nature of the nurse-patient relationship.
- Advocacy refers to the expectations that a nurse acts responsibly in protecting patient/family vulnerabili-

ties and in advocating to see that patient needs/concerns are addressed.

The TERCAP instrument is available on the KBN Web site, which can be printed for use by any facility. This instrument can also supplement the complaint form submitted to the KBN office. KBN's Consumer Protection Branch, Investigation and Discipline Section, may request additional information for the purpose of TERCAP.

FREQUENTLY ASKED QUESTIONS

Q: What is "practice breakdown"?

A: Practice breakdown is the disruption or absence of any of the aspects of good practice.

Q: On what kinds of cases should TERCAP be used?

A: Cases that involve some aspect of practice breakdown.

Q: How can I get the TERCAP instrument?

A: Go to the KBN Web site at:

<http://kbn.ky.gov/conprotect/invest-discp/NCSBN-TERCAP.htm>.

Q: When did the Kentucky Board of Nursing start utilizing the TERCAP instrument?

A: July 1, 2007

Q: Will you disclose my name and license number?

A: No, the identity of the nurse is not revealed.

For any questions regarding TERCAP, you may contact Sandra Johanson at the KBN office at 502-429-3300.

REFERENCE LINK

Harvard Health Policy Review/Vol. 7, No. 1, Spring 2006 at <http://hcs.harvard.edu/~hhpr>

Relevant Articles:

- TERCAP: Creating A National Database On Nursing Errors
- Nursing And Patient Outcomes: How Can Employers Provide The Right Environment For Nurses To Deliver High Quality Care?



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CONTINUING COMPETENCY REQUIREMENTS

by **Mary Stewart**, Continuing Competency Program Coordinator

Earning Periods for All Nurses

Nurses are required to renew their license on a yearly basis. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

Earning Period LPNs and RNs	For Renewal By	#CE Hours
11/1/07 – 10/31/08	10/31/08	14 or equivalent

Each year, KBN audits a randomly selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the *Kentucky Nursing Laws*.

Additional information about CE/competency can be found on the KBN website at <http://kbn.ky.gov/education/ce.htm>.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include **one** of the following:

1. Proof of earning 14 approved contact hours; **OR**
2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); **OR**
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; **OR**
4. Publication of a nursing related article; **OR**
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; **OR**
6. Participation as a preceptor for at

least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); **OR**

7. Proof of earning seven approved contact hours,

PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least six months of the earning period.

8. Certain college credit courses may be used to meet CE requirements. Nursing courses, designated by a nursing course number, and courses in physical and social sciences, such as Psychology, Biology, and Sociology, will count toward CE hours. **One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.**

Note: Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, nor are CPR/BLS, in-service education, nor nurse aide training. ACLS or PALS courses ARE acceptable for CE hours if given by an approved provider.

Domestic Violence CE Requirement:

Nurses seeking reinstatement, licensure by endorsement from another state, and examination candidates educated outside of Kentucky must earn three contact hours of KBN approved domestic violence CE within three years of licensure into Kentucky. This is a one-time earning requirement. Do not submit a copy to KBN unless requested to do so. Any approved CE provider may offer the mandatory domestic violence course provided that, as a minimum, the model curriculum approved by the Domestic Violence Training Committee of the Governor's Commission on Domestic Violence is followed.

Pharmacology and Sexual Assault CE Requirements:

ARNPs are required to earn five contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn five contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned, and must be offered by an approved CE provider. See the list of national nursing organizations recognized by KBN for CE on the KBN website at <http://kbn.ky.gov/education/ce/natlorgs.htm>.



HIV/AIDS CE Requirements:

The two hours of mandatory HIV/AIDS CE can be earned once every ten years. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 – 10/31/2012. The HIV/AIDS course must be approved by the Cabinet for Health and Family Services or offered by an approved CE provider (see the list of national nursing organizations recognized by KBN). Nurses are required to maintain proof of earning the CE for up to 12 years.

continued on Page 28

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Since the publication of the spring edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/conprotect/invest-discp/disciplinary.htm>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

CEASE AND DESIST NOTICE ISSUED

Chinn, Cynthia Hill	RN #1065881 (Suspended)	Beaver Dam KY	Mailed 07/10/07
Miller, Tina L. Collier	LPN #2028467	Sparta KY	Mailed 09/13/07
(Immediate Temporary Suspension)			

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

Bennett, Robin Miriam Hocker	LPN #2035495	Bremen KY	Eff. 07/12/07
* Burton, Ema J. Goldie	RN #1058429	Lexington KY	Eff. 07/19/07
	LPN #2010199		
* Bussell, Pamela Denise Wesley	LPN #2039933	Brodhead KY	Eff. 06/22/07
* Curtis, Michelle O'Neill	RN #1097233	Lawrenceburg KY	Eff. 06/12/07
* Dero, Janey Ann Lawson	LPN #2038767	Bonnyman KY	Eff. 06/22/07
* Ellison, Carolyn Sue Hatch	LPN # 2017728	Redkey IN	Eff. 09/14/07
* Jordan, Melissa Jean Mills	LPN #2031767	Flatlick KY	Eff. 09/10/07
Lewis, Misty Michelle Hudson	LPN #2035942	Vicco KY	Eff. 08/03/07
Maynard, Lisa P. Hatfield	LPN #2023355	Catlettsburg KY	Eff. 07/19/07
* Mills, Tanya Renee Herald	LPN #2038536	Hazard KY	Eff. 10/02/07
Simmons, Haley Aleece	LPN #2039437	Scottsville KY	Eff. 09/10/07
* Overfield, David Lee	LPN #2039125	Dawson Springs KY	Eff. 07/19/07
Summers, Lorilee E. Kaufman	RN #1109027	Taylorsville KY	Eff. 08/03/07
Turner, Margaret	LPN #2035023	Latonia KY	Eff. 10/03/07
Webb, Jill Elizabeth	RN #1076550	Louisville KY	Eff. 07/06/07
	ARNP #2715-P		

LICENSE SUSPENDED

* Powers, Lori A. Owens	LPN #2023382	Lexington KY	Eff. 06/15/07
* Taylor, Lori	RN #1048490	Covington KY	Eff. 06/15/07
	LPN #2014849		

LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

* Angel, Amanda Kaye	LPN #2038515	Owensboro KY	Eff. 09/27/07
* Bird, Diana Marie Nuxoll	RN #1037782	Villa Hills KY	Eff. 09/27/07
* Carson, Stephen A.	RN #1064513	Somerset KY	Eff. 10/05/07
	ARNP #1399-A		
* Carver, Kelly M. Huddleston	LPN #2040875	Ironton OH	Eff. 07/31/07
* Copley, Sherry Ann	RN #1099155	Dunnville KY	Eff. 09/27/07
* Galloway-Spencer, Carmen Lynn	RN #1096391	Winchester KY	Eff. 10/03/07
* Ross, Nakisha A.	LPN #2037645	Lexington KY	Eff. 10/02/07
* Smith, Andrea Mischelle Presley	RN #1087677	LaGrange KY	Eff. 09/27/07
* Smith, Oscar Shane	LPN #2040269	Grayson KY	Eff. 09/27/07
* Strohmaier, Keith Andrew	RN #1085436	Cincinnati OH	Eff. 10/02/07

LICENSE/CREDENTIAL CONTINUED ON SUSPENSION

Anderson, Heidi Jo	LPN #2034517	Covington KY	Eff. 06/15/07
Combs, Madonna Gwen Polly	RN #1086984	Jenkins KY	Eff. 08/29/07
Davis, Donna D. Harrison	LPN #2040125	Louisville KY	Eff. 08/29/07
Heitzman, Chris M. Spradley	RN #1104256	Newburgh IN	Eff. 08/29/07
Kidd, Angela A. Delong	RN #1060870	Louisa KY	Eff. 07/26/07
McCarthy, Susan R. Snyder	RN #1106975	Owensboro KY	Eff. 06/15/07
McNay, Jennifer Ann Collett	LPN #2032479	Cincinnati OH	Eff. 08/29/07
Miller, Tina L. Collier	LPN #2028467	Sparta KY	Eff. 09/27/07
Roper, Rhonda Jean	RN #1092255	Lexington KY	Eff. 08/29/07
Watt, Kelly J. Hupp	RN #1104983	Elizabethtown KY	Eff. 06/15/07

LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Bach, Mindie Lynn Hall	RN #1087158	Jeffersonville IN	Eff. 06/15/07
Blankenship, Tara L. Spraggs	LPN #2027363	Wickliffe KY	Eff. 07/10/07
Bookout, Cynthia A. Bell	RN #1058371	Paducah KY	Eff. 07/26/07
Dulin, Cheryl Lynn Tyson	RN #1039925	Sellersburg IN	Eff. 09/11/07
	LPN #2010390		

LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED continued

Everage-Smith, Tanya Crystal	LPN #2025453	Jackson KY	Eff. 09/11/07
Hurley, Jori B. Bailey	RN #1075054	Ashland KY	Eff. 09/11/07
Kidwill, Alicia Carol Sonne	RN #1098804	Springfield KY	Eff. 07/11/07
Lee, James Keith	RN #1074243	Scottsdale AZ	Eff. 09/11/07
Ricketts, Candace E.	RN #1102543	Elizabethtown KY	Eff. 08/21/07
Rudolph, Marsha Ann Jones	RN #1051690	Louisville KY	Eff. 07/10/07
Shattuck, Keely A.	RN #1050362	Middlesboro KY	Eff. 07/11/07
Thomason, Lee Ann Lowe	RN #1058945	Springfield TN	Eff. 09/26/07

LICENSE/CREDENTIAL DENIED REINSTATEMENT

Calloway, Cristy Ann Johnson	LPN #2035424	Hulen KY	Eff. 08/29/07
Doty, Cynthia Ann Nagele	RN #1099435	Scottsburg KY	Eff. 06/15/07
Griffin, Elizabeth Anne	RN #1109108	Tallahassee FL	Eff. 08/29/07
Wilkerson, Alpha Camille Buck	RN #1088277	Clarksville IN	Eff. 06/15/07

LICENSE SUSPENDED AND STAYED - LIMITED/PROBATED

Kendall, Amanda Lee Meredith	RN #1105254	Cecilia KY	Eff. 08/21/07
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LICENSE TO BE REINSTATED - LIMITED/PROBATED

Blair, Christopher	RN #1075427	Paducah KY	Eff. 06/15/07
Finchum, Rachel M. Maddox	LPN #2029920	Newburgh IN	Eff. 08/29/07
Lee, Clifford Allen	RN #1097143	Sellersburg IN	Eff. 08/29/07

LICENSE LIMITED/PROBATED

Baumgartner, Walter Adolph	RN #1076577	Mt. Sterling KY	Eff. 09/11/07
Belt, Patricia Diane	RN #1095474	Smithland KY	Eff. 09/11/07
Deweese, Linda Darnell	LPN #2029533	Brownsville KY	Eff. 06/15/07
Jones, Teresa Danelle	RN #1097775	Louisville KY	Eff. 09/26/07
King, Gladys Young	RN #1105866	Stanford KY	Eff. 09/11/07
Schlegel, Robin Angela Proctor	RN #1090646	Calvert City KY	Eff. 07/26/07
Vaughn, Sharon Kay Crisler	LPN #2034921	Radcliff KY	Eff. 09/11/07

REPRIMAND

Cromeans, Larry David	RN #1061779	LaGrange KY	Eff. 07/12/07
Cvetnich, Kathy Joanne Sexton	RN #1085215	Cromona KY	Eff. 07/10/07
Faulkner, Andrea Lynn	LPN #2034310	Louisville KY	Eff. 08/21/07
Franklin, Elaine	RN #1082384	Bowling Green KY	Eff. 08/21/07
Henry, Marla Rae Pittelko	RN #1050261	Taylorsville KY	Eff. 09/11/07
King, Nancy L.	RN #1089958	LaGrange KY	Eff. 09/26/07
Mann, Denise Lynn Hagerman	RN #1095260	Louisville KY	Eff. 09/11/07
Mann, James Joseph	RN #1080734	Louisville KY	Eff. 09/26/07
Marcum, Johnnie H.	LPN #2028434	Beattyville KY	Eff. 07/10/07
Marshall, Glenna Elaine	RN #1056713	Ewing KY	Eff. 08/21/07
	LPN #2016318		
Mathews, Patricia Ann	RN #1082040	Glasgow KY	Eff. 07/10/07
Stanley, Emogene Slone	LPN #2025749	Wheelwright KY	Eff. 07/10/07
Stewart, Brenda	LPN #2020667	Jenkins KY	Eff. 09/11/07
Wanner, Kerry A.	RN #1098403	Louisville KY	Eff. 06/15/07

CONSENT DECREES ENTERED FISCAL YEAR TO DATE

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration	4
Imposition of civil penalty for failure to meet mandatory continuing education requirement	41
Imposition of civil penalty for a positive drug screen	6

LICENSES REMOVED FROM PROBATION FISCAL YEAR TO DATE6**KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE) PROGRAM GRADUATES FISCAL YEAR TO DATE.....**8

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Critical Care Unit
Trover Health System



Guiding Principles for Nursing Regulation

by Charlotte F. Beason, Ed.D., RN, Executive Director

Delegates to the August 2007 National Council of State Boards of Nursing (NCSBN) adopted a set of Guiding Principles for Nursing Regulation. This document will serve a number of purposes. In addition to the obvious function of guiding the decisions and actions of state boards of nursing across the country, this document illustrates to each Board's constituents the benchmark by which all actions can be measured. Just as we provide value-based care to our patients and value-based education to our students, the Kentucky Board of Nursing (KBN) assures you that our decisions and actions are firmly rooted in our Mission and Values and will reflect these Guiding Principles adopted by NCSBN. You can learn more about NCSBN from their website at www.ncsbn.org.



111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

312.525.3600
www.ncsbn.org

Guiding Principles of Nursing Regulation

Adopted by the 2007 NCSBN Delegate Assembly

Protection of the public

- Nursing regulation exists to protect the health, safety and welfare of the public in their receipt of nursing services.
- Involvement of nurses in nursing regulation is critical to public protection.

Competence of all practitioners regulated by the board of nursing

- Nursing regulation is responsible for upholding licensure requirements for competence of the various levels of nursing practice.
- Competence is assessed at initial licensure/entry and during the career life of all practitioners.

Due process and ethical decision making

- Nursing regulation ensures due process rights for practitioners.
- Boards of nursing hold practitioners accountable for conduct based on legal, ethical and professional standards.

Shared accountability

- Nursing regulation requires shared accountability for enhancing safe patient care.

Strategic collaboration

- Nursing regulation requires collaboration with individuals and agencies in the interest of public protection, patient safety, and the education of nurses.

Evidenced-based regulation

- Nursing regulation uses evidenced-based standards of practice, advances in technology, and demographic and social research in its mission to protect the public.

Response to the marketplace and health care environment

- Nursing regulation requires timely and thoughtful responsiveness to the evolving marketplace.
- Scope of practice clarity and congruence with the community needs for nursing care are essential.

Globalization of nursing

- Nursing regulation occurs at the state level and concurrently works to standardize regulations and access to licensure.
- Nursing regulation requires fair and ethical practices and policies to address the social, political, and local challenges of globalization.

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CE Requirements for New Licensees:

All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Individual Review of CE Offerings Presented by Organizations **NOT** Recognized by KBN:

If a college course does not fall within the designated categories (see #8 of CE Information Concerning Renewal), and a nurse feels the course is applicable to his/her nursing practice, an Individual

Review Application may be submitted to KBN for review of the course. Contact the KBN office or go to <http://kbn.ky.gov> to obtain the form, then return it to the KBN office with requested materials and the \$10 non-refundable application fee. Individual Review Applications must be submitted by November 30 of the licensure year. KBN will notify the individual of the review outcome (i.e., approval or rejection) within about six weeks of receipt of the submitted materials. A notification of CE/competency approval should be retained for a minimum of five years. Individual review is not required if an offering is approved for CE by an organization recognized by KBN. A complete list of these organizations is available on the KBN website at <http://kbn.ky.gov/education/ce/natlorgs.htm>.



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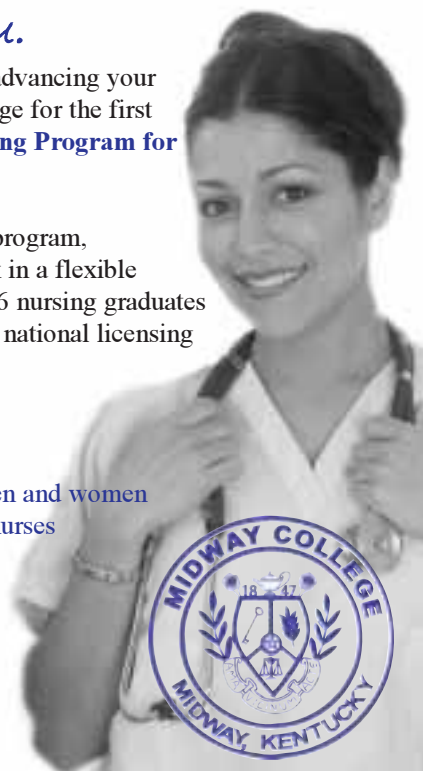
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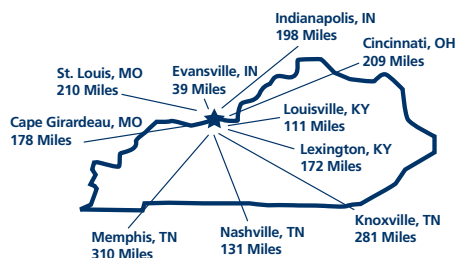
**Jewish Hospital &
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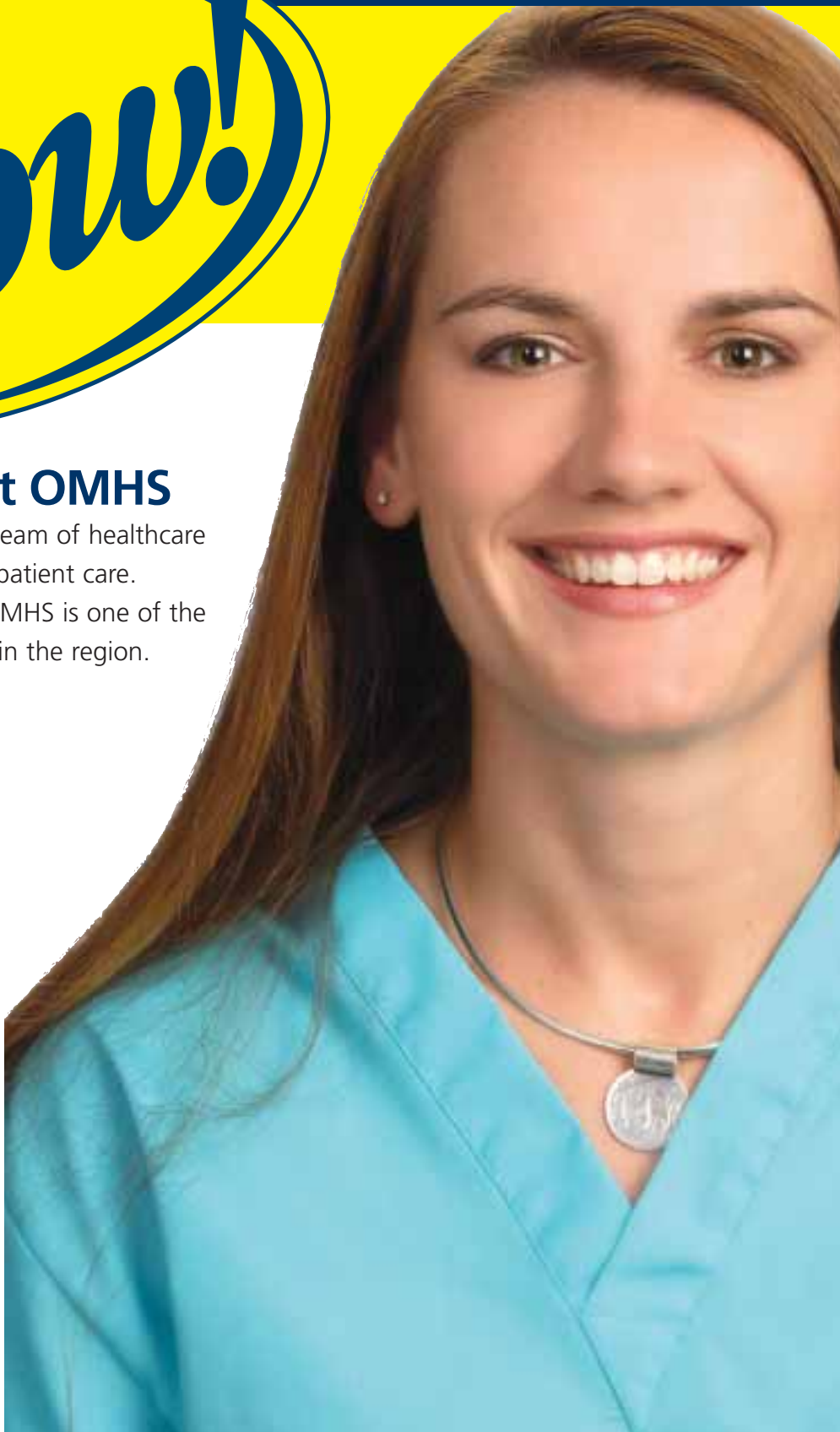
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